

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>A. 5000</i>		<i>08/16-81</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>TC</i>	<i>1000</i>	<i>8/22</i>
<b>FORMALITY REVIEW</b>			<i>9-17-81</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
5	9-16-81
6	9-16-81
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8	9-16-81
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22	✓
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30	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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*TC 6/6*  
*8/17/81*